

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		/		/		51		
2		/		/		52		
3		/		/		53		
4		/		/		54		
5		/		/		55		
6		/		/		56		
7		/		/		57		
8		/		/		58		
9		/		/		59		
10		/		/		60		
11		/		/		61		
12		/		/		62		
13		/		/		63		
14		/		/		64		
15		/		/		65		
16		/		/		66		
17		/		/		67		
18		/		/		68		
19		/		/		69		
20		/		/		70		
21		/		/		71		
22		/		/		72		
23		/		/		73		
24		/		/		74		
25		/		/		75		
26		/		/		76		
27		/		/		77		
28		/		/		78		
29		/		/		79		
30		/		/		80		
31		/		/		81		
32		/		/		82		
33		/		/		83		
34		/		/		84		
35		/		/		85		
36		/		/		86		
37		12		12		87		
38		12		12		88		
39		12		12		89		
40		12		12		90		
41		12		12		91		
42		12		12		92		
43		3		3		93		
44		/		/		94		
45		/		/		95		
46		/		/		96		
47		/		/		97		
48		/		/		98		
49		/		/		99		
50		/		/		100		
TOTAL IND.		20		23		TOTAL IND.		
TOTAL DEP.		80		24		TOTAL DEP.		
TOTAL CLAIMS		100		97		TOTAL CLAIMS		